



Handwritten notes: 米国登録 (Registered in the US), NY 2002-75, H03039305X

Docket No.:

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

I, As named inventor, I hereby declare that:  
My residence, post office address and citizenship are as stated below next to my name; that  
I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint  
inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention  
entitled: INFLATABLE CUFF FOR BLOOD PRESSURE MEASUREMENT

described and claimed in the specification:

Check one

- \*a. ☐ attached hereto.  
b. ☒ filed on \_\_\_\_\_ as Application No. \_\_\_\_\_ and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as  
amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title  
37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional  
application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-077974 filed on March 20, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United  
States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority  
application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this  
application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;  
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;  
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and  
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O.  
BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of  
my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these  
statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or  
both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the  
application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	<u>Hideo</u> <u>NISHIBAYASHI</u>		
		Given Name	Middle Initial	Family Name
2	**Inventor's Signature:	<u>Hideo</u> <u>Nishibayashi</u>		
3	**Date of Signature:	<u>March</u> <u>18,</u> <u>2004</u>		
		Month	Day	Year
Residence:	<u>Komaki-shi</u>	<u>Aichi-ken</u>		<u>Japan</u>
	City	State or Province		Country
Citizenship:	<u>Japan</u>			
	Post Office Address: (Insert complete mailing address, including country)	<u>c/o COLIN MEDICAL TECHNOLOGY CORPORATION, 2007-1, Hayashi, Komaki-shi,</u> <u>Aichi-ken, Japan</u>		

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☐